

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

September 7, 2010

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of CVS Pharmacy, 4800 'O' Street requesting a class D liquor license.

Kevin Merfeld has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Kevin Merfeld was born in Waterloo, Iowa. He attended Oelwein High School graduating in 1988.

Mr. Merfeld has been employed at CVS since 1997.

The required training will be completed on October 14th 2010.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.
Manager incurred minor traffic violations, several years ago.

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.
b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

No silent partners

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PREMISE INFORMATION

Trade Name (doing business as) CVS/Pharmacy #8294

Street Address #1 4800 "O" Street

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68504

Premise Telephone number pending

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name CVS Pharmacy

Street Address #1 One CVS Drive

Street Address #2 Licensing Department/MD 23062A

City Woonsocket State Rhode Island Zip Code 02895

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Please see attached.

one story building approx 96 x 143

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. § 53-177)

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9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

NEBRASKA LIQUOR
CONTROL COMMISSION

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

LaSalle - Carol DeNale, Judith Perron, Peter Nash

Bank of America - Carol DeNale, Dave Rickard

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

Please see attached

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
Kevin Merfeld	1997 - present	CVS/Pharmacy - formerly Osco Drug, Lincoln, NE

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date October 10, 2010

☐ Deed

☐ Purchase Agreement

14. When do you intend to open for business? October 10, 2010

15. What will be the main nature of business? Pharmacy

16. What are the anticipated hours of operation? 8a.m. to 10 p.m. daily

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM TO		SPOUSE: CITY & STATE	YEAR FROM TO	
Zenon P. Lankowsky: Harrisville, RI	9/1993	present			

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

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CONTROL COMMISSION

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of ~~Nebraska~~ Rhode Island

County of Providence

County of _____

The foregoing instrument was acknowledged before me this 13th August 2010 by

The foregoing instrument was acknowledged before me this _____ by

Zenon P. Lankowsky

Erika L. Rosa

Notary Public signature

Notary Public signature

Affix Seal Here

Erika L. Rosa
Notary Public
State of Rhode Island
My Commission Expires 08/09/2013

Affix Seal Here

in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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CONTROL COMMISSION

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

BC voter reg

Corporation/Limited Liability Corporation (LLC) information

✓ Name of Corporation/LLC: Nebraska CVS Pharmacy, L.L.C.

Premise information

Premise License Number: _____
(if new application leave blank)

✓ Premise Trade Name/DBA: CVS/Pharmacy #8294

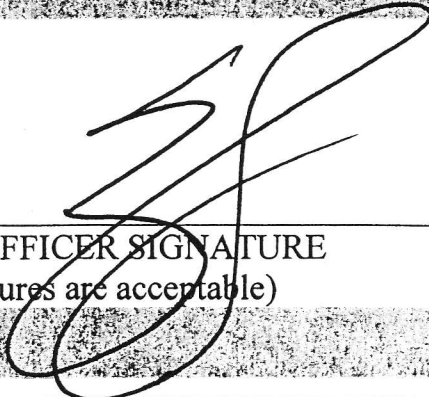
Premise Street Address: 4800 "O" Street

City: Lincoln State: Nebraska Zip Code: 68504

Premise Phone Number: pending

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

✓
CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)



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Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALENEBRASKA LIQUOR
CONTROL COMMISSIONLast Name: Merfeld First Name: Kevin MI: MHome Address (include PO Box if applicable): 927 Carlos DriveCity: Lincoln State: NE Zip Code: 68505Home Phone Number: 402-845-5370 Business Phone Number: 402-484-5777Social Security Number _____ Drivers License Number & State: NEDate Of Birth: _____ Place Of Birth: Waterloo, IA

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES☐ NO*Spousal*

Spouse's information

Spouses Last Name: Merfeld First Name: Kristi MI: LSocial Security Number: _____ Drivers License Number & State: NEDate Of Birth: _____ Place Of Birth: Lincoln, NE

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR		CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Lincoln, NE	2/2000	present	Lincoln, NE	2/2000	present

MANAGER'S LAST TWO EMPLOYERS

YEAR		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
FROM	TO			
7/1997	present	CVS Pharmacy/Osco Drug	Don Westerlin	402-423-3839
4/1996	7/1997	Nine West Shoes	Jeff Roth	unknown

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

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1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY. AUG 17 2010

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☒ YES

☐ NO

If yes, please explain below or attach a separate page.

Minor traffic violations several years ago

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

prints enclosed

5. List the training and/or experience (when and where)

Date:	Where:
July 1997 - present	CVS Pharmacy (Osco Drug) - Lincoln, NE

PERSONAL OATH AND CONSENT OF INVESTIGATION

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NEBRASKA LIQUOR
CONTROL COMMISSION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

✓

Signature of Manager Applicant

✓
Kristi L. Merfeld

Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this KEVIN MERFELD by

Glenna S. Graupmann

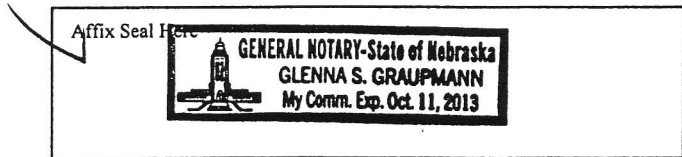
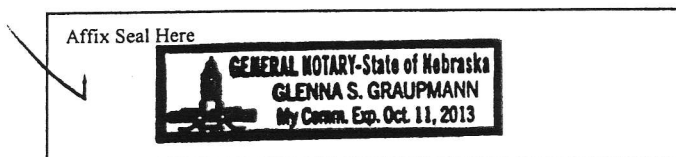
Notary Public signature

County of Lancaster

The foregoing instrument was acknowledged before me this Kristi L. Merfeld by

Glenna S. Graupmann

Notary Public signature



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

CERTIFICATE OF VITAL RECORD

STATE OF IOWA

County Record

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NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF IOWA
DEPARTMENT OF HEALTH
114
CERTIFICATE OF LIVE BIRTH

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

CHILD - NAME 1. Kevin Michael Merfeld		DATE OF BIRTH 2. [REDACTED]	HOUR 3. 7:11A
SEX 4. Male	THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC. 5. Single	IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 6.	COUNTY OF BIRTH 7. Black Hawk
CITY, TOWN, OR LOCATION OF BIRTH 8. Waterloo		INSIDE CITY LIMITS (SPECIFY YES OR NO) 9. Yes	HOSPITAL - NAME 10. Allen Memorial Hospital
MOTHER - MAIDEN NAME 11. Beverly Jean Tiedt		AGE (AT TIME OF THIS BIRTH) 12. 20	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 13. Iowa
RESIDENCE - STATE 14. Iowa	COUNTY 15. Fayette	CITY, TOWN, OR LOCATION 16. Oswein	STREET AND NUMBER 17. 901 First Ave. S. E.
FATHER - NAME 18. Lyle Francis Merfeld		AGE (AT TIME OF THIS BIRTH) 19. 24	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 20. Iowa
INFORMANT 21. Mrs. Lyle Francis Merfeld		RELATION TO CHILD 22. Mother	
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND DATE AND SEX HEREIN STATED ABOVE		DATE SIGNED 23. 8-17-70	ATTENDANT - M.D., D.O., MIDWIFE, OTHER (SPECIFY) 24. M. D.
TO: SIGNATURE 25. Ernest Stumme, M. D.		MAILING ADDRESS 26. Denver, Iowa 50622	
REGISTRAR - SIGNATURE 27. Mervell D. Hicks		DATE RECEIVED BY LOCAL REGISTRAR 28. AUG 22 1970	

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.

DEC 26 2002

BY

COUNTY REGISTRAR OF VITAL RECORDS

BLACK HAWK

COUNTY

DATE ISSUED
01259348

FORM #588-0328C (1999)

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY



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**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

AUG 17 2010

NEBRASKA LIQUOR
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Kristi L. Merfeld

Signature of spouse asking for waiver
(Spouse of individual listed below)

Kristi L. Merfeld

Printed name of spouse asking for waiver

State of Nebraska

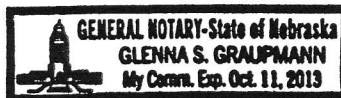
County of Lancaster

Aug. 16, 2010
date

Glenna S. Graupmann
Notary Public signature

The foregoing instrument was acknowledged before me this
by Kristi Merfeld
name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

[Signature]

Signature of individual involved with application
(Spouse of individual listed above)

KEVIN MERFELD

Printed name of applying individual

State of Nebraska

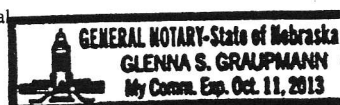
County of Lancaster

Aug. 16, 2010
date

Glenna S. Graupmann
Notary Public signature

The foregoing instrument was acknowledged before me this
by Kevin Merfeld
name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: C T Corporation System

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Nebraska CVS Pharmacy, L.L.C.

LLC Address: One CVS Drive

City: Woonsocket State: RI Zip Code: 02895

LLC Phone Number: 401-765-1500 Fax Number: 401-767-7887

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: Lankowsky First Name: Zenon MI: P.

Home Address: 4 Franchis Farm Road City: Harrisville

State: RI Zip Code: 02830 Home Phone Number: 401-765-1500

State of ~~Nebraska~~ Rhode Island
County of Providence

Signature of Contact Member

The foregoing instrument was acknowledged before me this

August 27, 2010
date

by Zenon P Lankowsky
name of person acknowledged

Therese M. Fluet
Notary Public signature

Affix Seal Here

Therese M. Fluet
Notary Public

State of Rhode Island
, Commission Expires 09/02/2013

APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
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- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

✓ Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

✓ Name of Registered Agent: C T Corporation System

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Nebraska CVS Pharmacy, L.L.C.

✓ LLC Address: One CVS Drive

City: Woonsocket State: RI Zip Code: 02895

LLC Phone Number: 401-765-1500 Fax Number: 401-767-7887

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: Merfeld First Name: Kevin MI: _____

Home Address: 927 Carlos Drive City: Lincoln

State: Nebraska Zip Code: 68505 Home Phone Number: 402-845-5370

[Signature]
Signature of Contact Member

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

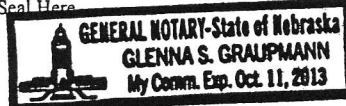
Aug. 16, 2010
date

by _____

name of person acknowledged

[Signature]
Notary Public signature

Affix Seal Here



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List names of all members and their spouses (even if a spousal affidavit has been submitted)

NEBRASKA LIQUOR
CONTROL COMMISSION
signed
prints on
file

Last Name: Lankowsky First Name: Zenon MI: P.

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Carol Ann (Miller) Lankowsky

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Moffatt First Name: Thomas MI: S.

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Alexandra (McDonald-Swift) Moffatt

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Cimbron First Name: Linda MI: M.

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Paul S. Cimbron

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Luker First Name: Melanie MI: K.

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Robert B. Luker

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: DeNale First Name: Carol MI: A.

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Limited Liability Company controlled by another Corporation/Company?

☒ YES

☐ NO

Reg. w/ NE
SOS

Officers list
w/ NE info

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If yes, provide the name of corporation/company and supply an organizational chart

NEBRASKA LIQUOR
CONTROL COMMISSION

CVS Pharmacy, Inc.

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: January Ending Date: December

Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

As of 6/9/2010

Nebraska CVS Pharmacy, L.L.C.

Corporate Officers

Name: Zenon P. Lankowsky
Title: President
Home Address: 4 Francis Farm Road
Harrisville, RI 02830
Phone: (401) 765-1500
SSN:
DOB:
Birth Place: Rochester, NY
Drivers License:

Name: Carol A. DeNale
Title: Vice President/Treasurer
Home Address: 75 Poplar St.
Watertown, MA 02472
Phone: (401) 765-1500
SSN:
DOB:
Birth Place: McKeesport, PA
Drivers License:

Name: Thomas S. Moffatt
Title: Vice President/Secretary
Home Address: 29 Homestead Circle
Kingston, RI 02881
Phone: (401) 765-1500
SSN:
DOB:
Birth Place: Lawrence, MA
Drivers License:

Name: Melanie K. Luker
Title: Assistant Secretary
Home Address: 40 Poppy Drive
Cranston, RI 02920
Phone: (401) 270-3283
SSN:
DOB:
Birth Place: Pawtucket, RI
Drivers License:

Name: Linda M. Cimbron
Title: Assistant Secretary
Home Address: 45 Bridge Street
Warren, RI 02885
Phone: (401) 765-1500
SSN:
DOB:
Birth Place: Fall River, MA
Drivers License:

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AUG 17 2010

**NEBRASKA LIQUOR
CONTROL COMMISSION**

*controlling corp***OFFICERS:**

Thomas M. Ryan, President

Name/Title

One CVS Drive, Woonsocket RI 02895

Address

Christopher W. Bodine, Executive VP

Name/Title

One CVS Drive, Woonsocket RI 02895

Address

Zenon P. Lankowsky, VP and Secretary

Name/Title

One CVS Drive, Woonsocket RI 02895

Address

Edward J. Sturgeon, Assistant Treasurer

Name/Title

One CVS Drive, Woonsocket RI 02895

Address

Melanie Luker, Assistant Secretary

Name/Title

One CVS Drive, Woonsocket RI 02895

AddressName/TitleAddressName/TitleAddressName/TitleAddressName/TitleAddress**DIRECTORS:**

Thomas M. Ryan

Name

One CVS Drive, Woonsocket RI 02895

Address

Christopher W. Bodine

Name

One CVS Drive, Woonsocket RI 02895

Address

Zenon P. Lankowsky

Name

One CVS Drive, Woonsocket RI 02895

AddressNameAddressNameAddressNameAddressNameAddressNameAddressNameAddress**Please Copy this page and submit additional pages if needed.**

NE020 - 04/18/01 C.T. System Online

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controlling corp

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Entity Name	SOS Account Number		
CVS PHARMACY, INC.			
Principal Office Address	Registered Agent and Office Address		
1 CVS DRIVE LEGAL DEPARTMENT WOONSOCKET, RI	C T CORPORATION SYSTEM 1024 K STREET LINCOLN, NE 68508		
Nature of Business	Entity Type	Date Filed	Account Status
CVS/PHARMACY RETAIL PHARMACY CHAIN	Foreign Corp Qualifying State: RI	Apr 10 2006	Active

Corporation Position	Name	Address
President	THOMAS M RYAN	1 CVS DRIVE LEGAL DEPARTMENT WOONSOCKET, RI 02895
Secretary	ZENON P LANKOWSKY	1 CVS DRIVE LEGAL DEPARTMENT WOONSOCKET, RI 02895
Treasurer	CAROL A DENALE	1 CVS DRIVE LEGAL DEPARTMENT WOONSOCKET, RI 02895
Director	ZENON P LANKOWSKY	1 CVS DRIVE LEGAL DEPARTMENT WOONSOCKET, RI 02895
Director	CAROL A DENALE	1 CVS DRIVE LEGAL DEPARTMENT WOONSOCKET, RI 02895
Director	THOMAS M RYAN	1 CVS DRIVE LEGAL DEPARTMENT WOONSOCKET, RI 02895
ASSISTANT SECRETARY	LINDA M CIMBRON	1 CVS DRIVE LEGAL DEPARTMENT WOONSOCKET, RI 02895
ASSISTANT SECRETARY	THOMAS S MOFFATT	1 CVS DRIVE LEGAL DEPARTMENT WOONSOCKET, RI 02895

Controlling corp

10. The names and respective addresses of its directors are:

NAME	ADDRESS
Thomas M. Ryan	One CVS Drive, Woonsocket RI 02895
Lawrence J. Zigarelli	One CVS Drive, Woonsocket RI 02895
Zenon P. Lankowsky	One CVS Drive, Woonsocket RI 02895

11. The names and respective addresses of its officers are:

NAME	ADDRESS (city and state)	OFFICE
Thomas M. Ryan	One CVS Drive, Woonsocket RI 02895	President
Zenon P. Lankowsky	One CVS Drive, Woonsocket RI 02895	VP/Secretary
Larry D. Solberg	One CVS Drive, Woonsocket RI 02895	Treasurer

12. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE PER SHARE OR STATEMENT THAT SHARES ARE WITHOUT PAR VALUE
1000	common		no par value

13. The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE PER SHARE OR STATEMENT THAT SHARES ARE WITHOUT PAR VALUE
1000	common		no par value

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NEBRASKA LIQUOR
CONTROL COMMISSION

**CVS SUBSIDIARIES
CORPORATE OFFICERS**

President: Thomas M. Ryan

Business: One CVS Drive, Woonsocket, RI 02895

Home: 280 Irving Avenue, Providence RI 02906

Vice President and Secretary: Zenon P. Lankowsky

Business: One CVS Drive, Woonsocket, RI 02895

Home: 4 Francis Farm Road, Harrisville, RI 02830

Treasurer: Larry D. Solberg

Business: One CVS Drive, Woonsocket, RI 02895

Home: 228 Freeman Parkway, Providence RI 02906

Assistant Treasurer: Edward J. Sturgeon

Business: One CVS Drive, Woonsocket, RI 02895

Home: 445 Broad Rock Road, Wakefield, RI 02879

Assistant Secretary: Thomas S. Moffatt

Business: One CVS Drive, Woonsocket, RI 02895

Home: 29 Homestead Circle, Kingston, RI 02881

Assistant Secretary: Linda M. Cimbron

Business: One CVS Drive, Woonsocket, RI 02895

Home: 45 Bridge Street, Warren, RI 02885

Assistant Secretary: Melanie K. Luker

Business: One CVS Drive, Woonsocket, RI 02895

Home: 9 Primrose Drive, Cranston, RI 02920

DIRECTORS:

Thomas M. Ryan

Business: One CVS Drive, Woonsocket, RI 02895

Home: 280 Irving Avenue, Providence RI 02906

Lawrence J. Zigarrelli

Business: One CVS Drive, Woonsocket, RI 02895

Home: 243 Promenade Avenue, Warwick, RI 02886

Zenon P. Lankowsky

Business: One CVS Drive, Woonsocket, RI 02895

Home: 4 Francis Farm Road, Harrisville, RI 02830

